

ATLANTA POLICE DEPARTMENT
Narcotics Request for Warrant Service / Tactical Assistance

OPERATION INFORMATION

☐ Search Warrant ☐ Arrest Warrant ☐ Takedown ☐
Buy/Bust ☐ Other

LOCATION: (If warrant, give exact address)

Deconfliction Number:

Case File Number: (if applicable)

Operation Time

a.m. ☐

p.m. ☐

Has your current supervisor been notified of your request for Narcotics assistance?

☐ Yes ☐ No

SEARCH WARRANT INFORMATION

1. Do you have Calls for Service history on the suspect location? ☐ Yes ☐ No
2. Do you have suspect(s) information including photo(s) and criminal history? ☐ Yes ☐ No
3. Do you have any information about weapons at the location? ☐ Yes ☐ No
If yes, what type? _____
4. How current is the information on your case/warrant? ☐ Recent ☐ Old
Dates/time: _____
5. Warrant type: ☐ **Knock and Announce** ☐ **No-Knock Warrant**
Do you have a tactical operations plan for the initial investigation? ☐ Yes ☐ No
6. Do you have knowledge of the location being fortified? ☐ Yes ☐ No
If yes, what type? _____
7. How many officers from your zone or unit will be participating in the warrant? _____

NON WARRANT OPERATION

Operation Type:

Description of operation details: (brief)

Number of officers participating in the operation from your zone/unit:	Zone	Unit
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REQUESTOR'S INFORMATION	Date:	Division:	Section:	Unit
Requestor's Name:			APD ID#:	
Unit			APD ID#:	
Supervisor:			APD ID#:	
Narcotics Unit Commander:			Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>